## CDFG/OSPR REQUEST FOR DRILL/EXERCISE CREDIT

PLEASE SEND REQUEST TO MS. CHARLENA HAYES VIA FACSIMILE TO (916) 324-9786 OR EMAIL TO CRHAYES@OSPR.DFG.CA.GOV

Nam	Name of Facility or Vessel Plan:														
Plan	Numbe		OSPR Repr	OSPR Representative(s):											
Date of Drill: Location of Drill:															
Date	01 21111	-	Address:				Coordinate: Latitude								
(If Available)  Longitude															
	Longitudo														
Name of Submitter:					dress	<b>S</b> :		Phone:				E-mail:			
Type of Drill															
Table Top: Semi-Annual Equipment						Actual Spill:	Anı	nound	ced:	Unanno	ounced:	Other:			
Check the objectives exercised during this exercise or spill.															
1.	Notifications				5.	Assessment				12.2	Berthing				
2.	Staff Mobilization				6.	Containment				12.3	Messing				
3.1	Unified Command				7.	Recovery				12.4	Operational/Admin spaces				
3.1.1	Federal Representation				7.1	On-water Recovery				12.5	Emergency Procedures				
3.1.2	State Representation				7.2	Shore-Based Recovery				13.	Equipment Maintenance & Support				
3.1.3	Local Representation				8.	Protection				13.1	Response Equipment				
3.1.4	Responsible Party Representation				8.1	Protective Booming				13.2	Response Equipment (Support)				
3.2	Response Management System				8.2	Water Intake Protection				14.	Procurement				
3.2.1	-				8.3	Wildlife Recovery and Rehabilitation					Personnel				
3.2.2	2.2 Planning				8.4	Population Protection				14.2	Response Equipment				
3.2.3	3.2.3 Logistics				9.	Disposal				14.3	Support Equipment				
	3.2.4 Finance				10.					15.	Documentation				
					10.1					CA1	Situation Unit				
	.2.6 Safety Affairs				10.2 External Communications						Resource Unit				
3.2.7					11.	Transportation				CA3	Environmental Unit				
4.					11.1	•				CA4	-	Resources at Risk Tech Spec			
4.1	Vessel Emergency Services				11.2	Waterborne Transportation				CA5		aison Officer			
4.2	Firefighting				11.3	Airborne Transportation				CA6	_	Dispersants			
4.3	Lightering				12.	Personnel Support				CA7	In-situ Burning				
4.4	Other Vessel Emergency Services Equipment and Devices				12.1	Management				CA8	Bioremediation				
										CA9	Waste Management				
Auth	orized F	Represent	tatives Name	e:							Date	:			

REV. 03/17/09 bf

NOTE: ONE FORM FOR EACH DRILL CONDUCTED IS REQUIRED.